

**XXIII MEETING OF THE EUROPEAN CONFEDERATION OF MEDITERRANEAN
MYCOLOGY (C.E.M.M.) - REGISTRATION FORM**

	NAME					
	SURNAME		DATE OF BIRTH			
(1)	ASSOCIATION					
	ADDRESS					
	POSTAL CODE		CITY			
	COUNTRY		TELEPHONE			
	E-MAIL					
(2)	TYPE OF ASSISTANCE?	PARTICIPANT		COMPANION		STUDENT
(3)	SHARE A ROOM WITH?					
(4)	SPACE FOR MICROSCOPE?		YES/NO	DESSICATOR?	YES/NO	
(4)	COMMUNICATION	ORAL	YES/NO	POSTER	YES/NO	
(5)	TITLE					
(4)	OPTIONAL FIELD ACTIVITIES		FAIA BRAVA	YES/NO	DUNAS DE S.JACINTO	YES/NO
(7)	FOOD OPTION			(4)	MUSHROOMS	YES/NO

(1) If the Association is not in the CEMM, indicate "NO CEMM"

(2) Mark with an X. Participants and companions have different daily programs

(3) You must send a registration form for each.

(4) Choose accordingly.

(5) A summary of the communication will be send to gmarques@utad.pt before **September 30, 2015**. The communication should be delivered (digital format) at the beginning of the meeting.

(6) You can choose both.

(7) Indicate if you need some kind of special care (diabetes, gluten, salt, vegetarian, etc..)

Please fill in all the sections.

Send to apantorra@gmail.com before June 30, 2015, enclosing a copy of the transfer payment* or send to the following address:

**Associação Micológica A Pantorra
Apartado 11
5200-999 Mogadouro PORTUGAL**

***50% of the hotel price and the registration fee. For those that don't stay at the hotel 50€ and the registration fee.**